U.S. Department of Justice: 1:23-cv-01656-PAB DOC PROCESS: RECEDET 1 AND REGEDEN 22 United States Marshals Service U.S. Department of Justice: 1:23-cv-01656-PAB DOC PROCESS: RECEDET 1 AND REGEDEN 22 See "Instructions for Service of Process by U.S. Marshal"

Signature of Attorney other Originator requesting service on behalf of: March Defendant Defendant	PLAINTIFF	Lonnie Tho	mpson	COURT CASE NUMBER					
Hensley, Health Care Administrator (Mansfield Corr. Inst.) ADDRESS (Street or REP. Apartment No. (Sty. State and ZIP Code)		Hensley, e							
AT ADDRESS (Street or RED, Apartment No., City, State and ZIP Code)		NAME OF INDIVID	OUAL, COMPANY, CO	ORPORATION. ET	C. TO SERVE OR DES	SCRIPT	ION OF PROPERTY T	O SEIZE OR C	ONDEMN
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Mr. Lonnie Thompson, # 640-614 Madison Correctional_Institution 1851 State Route 56 P.O. BOX 740 London, OH 43140 SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): Signature of Attompty other Originator requesting service on behalf of: SPACE BELOW FOR USE OF U.S. MARSHAL ONLY—DO NOT WRITE BELOW THIS LINE I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more for process indicated. (Sign only for USM 285 is submitted) Description, one USM 285 is submitted: Lacerdy certify and return that I am unable to locate the individual, company, corporation, etc. shown at the address inserted below on the ond the individual served (If not shown above) Thereby certify and return that I am unable to locate the individual, company, corporation, etc. shown at the address inserted below of above (See remarks helow) Name and title of individual served (If not shown above) Time Total Mileage Charges including endeavors) Forwarding Fee Total Charges Advance Deposits Amount over did U.S. Marshal or Deputy Service Fee Total Mileage Charges including endeavors) Forwarding Fee Total Charges Advance Deposits Amount over did U.S. Marshal or C.A. Marshal or C.A. Marshal or C.A. Marshal or Deputy	<	ADDRESS (Street or	RFD, Apartment No.,	City, State and ZIP	Code)	nsf	ield Corr.	Inst.)	
Mr. Lonnie Thompson, # 640-614 Madison Correctional Institution 1851 State Route 56 P.O. BOX 740 London, OH 43140 SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses. All Telephone Numbers, and Estimated Times Available for Service): Signature of Attorney other Originator requesting service on behalf of: Signature of Attorney other Originator requesting service on behalf of: SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT WRITE BELOW THIS LINE I acknowledge receipt for the total rotal Process Origin Service Origin Service Service, Signature of Authorized USMS Deputy or Clerk Date Origin Some yor Service Date Office of the Control of the Control of Service on U.S.A. I acknowledge receipt for the total rotal Process Origin Service or Service, bave executed as shown in "Remarks", the process described on the individual, company, corporation, etc., shown at the address inserted below the Interest origin of Service or Service, company, corporation, etc., shown at the address inserted below of shode Time Signature of U.S. Marshal or Deputy Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshal* or (Amount owed to U.S. Marshal*) Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshal* or (Amount of Refund*)	•	1150 N. Ma	in St., Ma	nsfield,	OH 44901				
Madison Correctional Institution 1851 State Route 56 P.O. Box 740 London, OH 43140 SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses. All Telephone Numbers, and Estimated Times Available for Service): Signature of Automys other Originator requesting service on behalf of: W. PLAINTIFF W. Johnson VILLE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE I acknowledge receipt for the total momber of process indicated. (Sign only for USM 285 is submitted) No. No. No. No. No. Thereby certify and return that I may personally served have legal evidence of service. have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below the individual served (If not shown above) Address (complete only different than shown above) Total Mileage Charges Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshal or Deputy Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshal or Deputy Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshal or Deputy	SEND NOTICE			1					
P.O. BOX 740 London, OH 43140 SPECIAL INSTRUCTIONS OR OTHER RIFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): Signature of Attornay other Originator requesting service on behalf of: M. John John John John John John John John		Madison Corre			1				
Signature of Attorney other Originator requesting service on behalf of: Signature of Attorney other Originator requesting service on behalf of: March Deptendant Deptendant Deptendant		P.O. BOx 740	1						
than one USM 285 is submitted) No. No. No. have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) Name and title of individual served (if not shown above) Address (complete only different than shown above) Date Time Signature of U.S. Marshal or Deputy Service Fee Total Mileage Charges including endeavors) Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00	SPACE B	ELOW FOR U	USE OF U.S. Motal Process District o	IARSHAL O	DEFENDANT NLY DO NO	T W	RITE BELOW	THIS LI	NE
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including endeavors) (Amount of Refund*) \$0.00							Signature of U.S. Ma	arshal or Deputy	′
	Service Fee		_	Total Charges	Advance Deposits			al* or	
REMARKS:							\$0.0	0	
ACHT MAGO.	REMARKS:								

- PRINT 5 COPIES: 1. CLERK OF THE COURT
 - 2. USMS RECORD
 - 3. NOTICE OF SERVICE
 - 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
 - 5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285 Rev. 12/15/80 Automated 01/00 U.S. Department of Justice: 1:23-cv-01656-PAB DOC #ROCESS: RECEIBT2AND REGIDEN 23
United States Marshals Service

1:23-cv-01656-PAB DOC #ROCESS: RECEIBT2AND REGIDEN 23

See "Instructions for Service of Process by U.S. Marshal" COURT CASE NUMBER PLAINTIFF Lonnie Thompson DEFENDANT TYPE OF PROCESS Hensley, et. al., Order of Possession NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Newland, Nurse Practitioner (Mansfield Corr. Inst.) **SERVE** ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1150 N. Main St., Mansfield, OH 44901 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be 1 served with this Form 285 Mr. Lonnie Thompson, # 640-614 Madison Correctional Institution Number of parties to be 1 served in this case 1851 State Route 56 P.O. BOx 740 Check for service London, OH 43140 on U.S.A. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): Signature of Attorney other Originator requesting service on behalf of: TELEPHONE NUMBER DATE ▼ PLAINTIFF ☐ DEFENDANT SPACE BELOW FOR USÉ OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS District of District to Signature of Authorized USMS Deputy or Clerk Date I acknowledge receipt for the total Total Process number of process indicated. Origin Serve (Sign only for USM 285 if more than one USM 285 is submitted) No. No. I hereby certify and return that I 🗌 have personally served, 🗋 have legal evidence of service, 🗀 have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) Name and title of individual served (if not shown above) A person of suitable age and discretion then residing in defendant's usual place Address (complete only different than shown above) Date Time am D pm

Service Fee

Fold

Total Mileage Charges including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or (Amount of Refund*)

\$0.00

Signature of U.S. Marshal or Deputy

REMARKS:

PRINT 5 COPIES:

- 1. CLERK OF THE COURT
- 2. USMS RECORD
- 3. NOTICE OF SERVICE
- 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
- 5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285 Rev. 12/15/80 Automated 01/00 U.S. Department of Justice
United States Marshals Service 1:23-cv-01656-PAB Doc #ROCESS: RECEPT AND RECURN 24
See "Instructions for Service of Process by U.S. Marshal"

-							,	J. 1/24// 5	7,000		
PLAINTIFF	Lonnie Thompson						COURT CASE NUMBER				
DEFENDANT	Hensley, et. al.,						TYPE OF PROCESS Order of Possession				
SERVE AT	NAME OF INDIVIOUS Dr. Ojukion ADDRESS (Street of 1150 N.)	wu, (Mai	nsfiel	ld Corr.			ON OF PROPERTY T	O SEIZE	OR CONDEMN		
SEND NOTICE	OF SERVICE COPY					1	ber of process to be	1			
Mr. Lonnie Thompson, # 640-614 Madison Correctional Institution 1851 State Route 56							Number of parties to be served in this case				
	P.O. Box 740 London, OH)				Chec on U	k for service S.A.				
All Telephone i d_	Numbers, and Estimate	ed Times Availa	ble for Serv	rice):					Fold		
Mr. As	owney other Originator	MIL			PLAINTIFF DEFENDANT NLV DO NO		NE NUMBER	DATE OS THIS	LINE		
	eceipt for the total Tess indicated. SM 285 if more	Cotal Process [District of Drigin	District to Serve	Signature of Author	- no state of the s	and the second section of the second second		Date		
	and return that I hall, company, corporatio										
☐ I hereby cer	rtify and return that I ar	n unable to loca	te the indivi	dual, company, c	orporation, etc. named	l above (S	ee remarks below)				
Name and title o	f individual served <i>(if r</i>	not shown above)				A person of suita then residing in o of abode				
Address (comple	ete only different than s	hown above)					Date	Time	a		
							Signature of U.S. Ma	arshal or I	Deputy		
Service Fee	Total Mileage Char including endeavor.	~ }	g Fee	Total Charges	Advance Deposits		Amount owed to U.S. Marshal* or (Amount of Refund*)				
				~			\$0.0	0			
REMARKS:											

- PRINT 5 COPIES: 1. CLERK OF THE COURT
 - 2. USMS RECORD
 - 3. NOTICE OF SERVICE
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5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

I.S. Department of Justice PROCESS RECEIPT AND RETURN Inited States Marshals Services: 1:23-cv-01656-PAB Dose#Instructions of the Conference of the UR again the the conference of the UR again the the conference of the UR again the the conference of the Conference LAINTIFF COURT CASE NUMBER Lonnie Thompson TYPE OF PROCESS DEFENDANT Hensley, et. al., Order of Possession NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Kelli Cardaras, Nurse Practitioner (Ross Corr. Inst. ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 16149 State Route 104 - P.O. Box 7010 Chillicothe, 0H45601 END NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be 1 served with this Form 285 Mr. Lonnie Thompson 640-614 Madison Correctional Institution Number of parties to be served in this case 1851 STate Route 56 P.O. Box 740 Check for service London, OH 43140 on U.S.A. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): Fold signature of Attorney other Originator requesting service on behalf of: TELEPHONE NUMBER X PLAINTIFF ☐ DEFENDANT SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE Total Process District of District to Signature of Authorized USMS Deputy or Clerk Date acknowledge receipt for the total umber of process indicated. Origin Serve Sign only for USM 285 if more han one USM 285 is submitted) hereby certify and return that I 🗌 have personally served , 🗆 have legal evidence of service, 🗀 have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below. 🔲 I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) Name and title of individual served (if not shown above) A person of suitable age and discretion then residing in defendant's usual place of abode Address (complete only different than shown above) Date Time] am

Service Fee

REMARKS:

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Total Mileage Charges

including endeavors)

- 3. NOTICE OF SERVICE
- 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

Total Charges

Advance Deposits

5. ACKNOWLEDGMENT OF RECEIPT

Forwarding Fee

PRIOR EDITIONS MAY BE USED

Signature of U.S. Marshal or Deputy

\$0.00

Amount owed to U.S. Marshal* or

(Amount of Refund*)

pm